MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07390

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College City
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College City
STREET ADDRESS (If rural, give location) 4014 - Bladensburg Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	HOLBROOK	ALDRICH	JULY	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	6/4/1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home	own home	massachusette	USA

13. FATHER'S NAME George S Gengel

14. MOTHER'S MAIDEN NAME Hannah O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	021-12-6987	Lillian Robertson College City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
171X Immediate cause	(a) METASTATIC CARCINOMA OF CERVIX	SIX MONTHS
480 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF CERVIX	2¼ YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO	NO	NO		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-3-50, 19....., to 7-3-50, 19....., that I last saw the deceased alive on 7-3-50, 19....., and that death occurred at 5:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Frank M.D.	5850 ager Road Hyattsville, md	7/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	7/6/50	St Johns Cemetery	Worcester Mass,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-4-50	Amanda Downey	E. Gosch & sons Hyattsville Md.

VS. A15

RECEIVED
JUL 6 1960
BUREAU W. M.

07391

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md — LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md
STREET ADDRESS (If rural, give location): 5002 Queensbury Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RACHEL ANNA ALLEMAN
4. DATE OF DEATH (Month) (Day) (Year): July 31, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 5/30/1861
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Halifax Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hochlander
14. MOTHER'S MAIDEN NAME: Anna Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Mary Hopkins Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Myocarditis — 2 yrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 31, 1950 that I last saw the deceased alive on July 31, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: Leonard Hays (Degree or title) M.D. — ADDRESS: Hyattsville Md — DATE SIGNED: 7-31-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 3 1950 — NAME OF CEMETERY OR CREMATORY: Altoona Cemp — LOCATION (City, town, or county) (State): Altoona Pa

DATE REC'D BY LOCAL REG.: July 31, 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) — 24. FUNERAL DIRECTOR: F. Gascha Sons — ADDRESS: Hyattsville Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1950
BUREAU T. S

M

07392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Prince George St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 408 Prince George St

3. NAME OF DECEASED (Type or Print) (First) JULIAN (Middle) BRADLEY (Last) ANDERSON

4. DATE OF DEATH (Month) JULY (Day) 16 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov 29 1890

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY Meat

11. BIRTHPLACE (State or foreign country) Richmond Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Bellfield Anderson

14. MOTHER'S MAIDEN NAME Jane Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY No. 216 05 6511

17. INFORMANT AND ADDRESS Mrs Kathrine Anderson 408 Prince George St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Laennecs Cirrhosis c̄ Portal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 11 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

581.1 61 260x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 yrs

19a. DATE OF OPERATION Dec 1949

19b. MAJOR FINDINGS OF OPERATION Peritoneoscopy c̄ biopsy liver - confirmation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1950 to 16 July, 1950, that I last saw the deceased alive on 15 July, 1950 and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE Thomas R. Ulshafer (Degree or title) MD ADDRESS 322 Prince George St Laurel DATE SIGNED 16 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 19-50 NAME OF CEMETERY OR CREMATORY St. Marys Cem LOCATION (City, town, or county) Laurel Md (State) 7-19-50

DATE REC'D BY LOCAL REG. July 18-50 REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR Dewitt Donaldson ADDRESS

156 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 20 1950
BUREAU V. M.

07393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston Md
STREET ADDRESS (If rural give location) 4905 Decatur st.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FREDERICK (Last) BERNHARDT
4. DATE OF DEATH: (Month) July (Day) 1, (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Aug 8, 1867
9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Court of Claims
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry Bernhardt
14. MOTHER'S MAIDEN NAME: Addie Swannell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Lillie Bernhardt Edmonston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset and Death: 1 yr

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50, to 7-1, 19 50, that I last saw the deceased alive on July 1, 19 50, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard Hays ADDRESS Hyattsville Md DATE SIGNED 7-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7/5/50 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: July 2 1950 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR ADDRESS: F Gasch's sons Hyattsville Md

35698

RECEIVED
JUL 5 1960
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

07394

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (In this place) Trans
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dunn Carters Woods

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Franklin (Last) Berry
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-8-15
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin B Berry
14. MOTHER'S MAIDEN NAME Cassie Malvina Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Benjamin B. Berry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976x Immediate cause (a) Hemorrhage and shock

164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shot gun wound of head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) at place of death (CITY OR TOWN) Accokeek (COUNTY) PG. (STATE) Md
TIME OF INJURY (Month) 7 (Day) 13 (Year) 50 (Hour) 8 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Shot self with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 7-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/50
NAME OF CEMETERY OR CREMATORY St Paul Piney
LOCATION (City, town, or county) Waldorf (State) Md
DATE REC'D BY LOCAL REG. 7-17-50
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

Mrs. Alton Davis

42099

RECEIVED
JUL 21 1950
U. S.

07395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 7490 Brinkley Road

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) B. (Last) Biggs
4. DATE OF DEATH (Month) July (Day) 22nd (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 20-1880
9. AGE last birthday 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY Am.
11. BIRTHPLACE (State or foreign country) Camp Springs, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William T. Biggs
14. MOTHER'S MAIDEN NAME Jennie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Elizabeth L. Biggs 7490 Brinkley Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Generalized Arteriosclerosis with Cardio-Vascular Disease

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Hypertrophy with urinary retention and uremia.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Undetermined; 3 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7, 1950, to 7-22, 1950, that I last saw the deceased alive on 7-20, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE John P. D. Hughes (Degree or title) ADDRESS 4223 Silver Hill Rd. Silver Hill, Md. DATE SIGNED 7-22-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 25-1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. July 22-1950
REGISTRAR'S SIGNATURE Howard J Beasley
24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 Nichols Ave S.E.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1950
BUREAU N. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07396

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince Georges'
City or town: Mitchellville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges'
City or town: Mitchellville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Mitchellville
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME Elizabeth ~~Williams~~ Guilliams Boswell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

B.(b) Name of husband or wife: Frank Boswell
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 8 - 1875

8. AGE: Years: 75 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: Own home

FATHER
12. Name: George Guilliams
13. Birthplace: England

MOTHER
14. Maiden name:
15. Birthplace: England

16. Informant: Leslie Bitting
Address: Mitchellville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8 (month) 1 (day) 1950 (year)

Cemetery or crematory: Mt. Oak
Location: Mitchellville, Md.

18. Funeral director: Ritchie Brothers
Address: Upper Marlboro, Maryland

19. July 31 1950 (Date rec'd by registrar) R C Burchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 29 July 1950 at 4 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
About 1948 to July 1950
and that I last saw h.. alive on 27 July 1950

	DURATION
Immediate cause of death: Cardiac Failure	6 wks
Due to: Hypertension CVR-Disease	Unk
Due to: 442X	
1310	
Other conditions: Asthma	20 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert B Janney M. D. or other
Address: Upper Marlboro Md. Date signed: 29 July 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07397

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 23 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4012 32 St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4012 32 St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LEVANCHE (Last) BRULEE

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 27 1862

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): East Palmyra, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Moore

14. MOTHER'S MAIDEN NAME: Orpha Throop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Orpha E Brulee (Daughter) 4012 32 St Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 days

4010 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934 (b) Arterio sclerotic and coronary heart disease — years

(c) Pulmonary edema — 1 week.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to July 2, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleischer (Degree or title): M.D. ADDRESS: 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED: 7-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: July 5/50 NAME OF CEMETERY OR CREMATORY: South Farmington Cemetery LOCATION (City, town, or county) (State): Near Shortsville N.Y.

DATE REC'D BY LOCAL REG.: July 3 1950 REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co. Riverdale Md.

VS. A15

Mrs. Mary L. Bruler was seen by Dr. W. Meyers of 3300 Perry St. Mt. Rainier who has treated her for several months. Dr. Maloney, Deputy Medical Examiner of Prince George's County, was contacted and he o.k.ed my signature

Ronald S. Fleischer M.D.

RECEIVED
JUL 6 1960
BUREAU V. S.

RECEIVED
JUL 6 1960
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 127 AUG 14 1950

07398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Pr. Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 2521 Kenilworth Avenue

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Butler			4. DATE OF DEATH (Month) 7- (Day) 10, (Year) 1950		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 27-1876	9. AGE last birthday ~~74~~ 73 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Don't Employee		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ruth Owens		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410x Immediate cause (a) Edema of Larynx

131b Antecedent cause(s) (b) Mitral Insufficiency +

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1947, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5:20 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. H. Bruce, M.D. 5005 Sheriff Rd., N.E. 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-12-50	NAME OF CEMETERY OR CREMATORY Woodlawn	LOCATION (City, town, or county) (State) D.C.
DATE REC'D BY LOCAL REG. July 10-50	REGISTRAR'S SIGNATURE Carrie F. Campbell	24. FUNERAL DIRECTOR John T. Stewart	ADDRESS 30 H Street, N.E.

XUX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07399

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3305 LAUREL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY PRINCE GEORGES.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
STREET ADDRESS (If rural, give location) 3305 LAUREL AVE

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) CHAMBERS SR.

4. DATE OF DEATH (Month) JULY (Day) 29 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH May 4, 1882

9. AGE last birthday 68 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH

10b. KIND OF BUSINESS OR INDUSTRY SELF ~~BLACKSMITH~~

11. BIRTHPLACE (State or foreign country) GEORGIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES CHAMBERS

14. MOTHER'S MAIDEN NAME MELINDY WEBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS ANNIE LAURA CHAMBERS-WIFE 3305 LAUREL AVE. CHEVERLY MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X Immediate cause (a) Hodgkins Lymphoma — Interval Between Onset and Death: 6 month

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17 1950, to July 29, 1950, that I last saw the deceased alive on 7-12, 1950, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leite S. Blumenthal MD 1601 Argonne Pl. N.W. Wash D.C. 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE July 30 50 | NAME OF CEMETERY OR CREMATORY SALEM CHURCH CEMETERY | LOCATION (City, town, or county) (State) VALDOSTA, GEORGIA

DATE REC'D BY LOCAL REG. 7-30-50 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS CO — RIVERDALE MD

30885

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1960
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md
STREET ADDRESS (If rural give location) 330 Gorman Ave

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) Paul (Last) Chesnowski
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 22 1919
9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grafting
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Plains, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Chesnoski
14. MOTHER'S MAIDEN NAME: Marcella Josephine Dumas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1937-43
16. SOCIAL SECURITY NO. 187-03-3933
17. INFORMANT: Josephine Chesnowski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracranial hemorrhage
(c) Fractured Skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern
(CITY OR TOWN) Oakcrest Md (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-50 2 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fight

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville Md 7-30-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 2, 1950 — NAME OF CEMETERY OR CREMATORY Arlington National Cem. — LOCATION (City, town, or county) Virginia (State)

DATE REC'D BY LOCAL REG. Aug 3, 1950 — REGISTRAR'S SIGNATURE James Sercey

24. FUNERAL DIRECTOR Ridgley Selby — ADDRESS Laurel, Md

V6297

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RECEIVED
AUG 4 1950
BUREAU Y. S.

07401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen'l. Hosp	STREET ADDRESS (If rural, give location): 4619 College Avenue

3. NAME OF DECEASED (Type or Print)	(First) DUDLEY	(Middle) MURFEE	(Last) CLEMENTS	4. DATE OF DEATH	(Month) July	(Day) 25,	(Year) 1950
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: May 12, 1889	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSTRUCTOR	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Office Education	11. BIRTHPLACE (State or foreign country): Fort Deposit, Alabama	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: William Nelson Clements	14. MOTHER'S MAIDEN NAME: Willie Kirby						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Mr. Otis Clements - Emerson Hotel, Balto. Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Tail of Pancreas with metastases to liver — 3 mo+?

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46g (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-10-50	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Tail of Pancreas & multiple metastases	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1950, to 7-25, 1950, that I last saw the deceased alive on 7-25, 1950, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. B. Mayers MD		Mt Rainier Md	7-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: July 28, 1950	NAME OF CEMETERY OR CREMATORY: Private Burial Grounds	LOCATION (City, town, or county) (State): Laynville Tenn.
DATE REC'D BY LOCAL REG.: 7/25/50	REGISTRAR'S SIGNATURE: A W Hedrick JT	24. FUNERAL DIRECTOR: Stewart & Mowen Company	ADDRESS: 108 W. North Ave. Balto. - 1, Md.

V3497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07402

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 1 yr., 3 mo., & 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4342 Polk St., N. E.

3. NAME OF DECEASED (Type or Print): (First) ODESSA (Middle) (Last) COOKE

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 3/28/1918

9. AGE last birthday: 32 yrs. If under 1 year: Months 4, Days 1. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Lancaster, S. Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Stover

14. MOTHER'S MAIDEN NAME: Mabel Paterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	14 yr 5 mos.
13 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1949, to 7/29, 1950, that I last saw the deceased alive on 7/29, 1950, and that death occurred at 10 55 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane M.D. (Degree or title)
ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED: 7/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 7/31/50 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county): Washington (State): D. C.

DATE REC'D BY LOCAL REG.: 7/31/50 REGISTRAR'S SIGNATURE: Mal Weiss

24. FUNERAL DIRECTOR: B.F. Taylor PER St Josephs Funeral Home ADDRESS: 306-2-St N.W.

RECEIVED
AUG 8 1950
BUREAU V. S

07403

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) #9 5th. St., S.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Cowan

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 7-22-50

9. AGE last birthday yrs. If under 1 year Months. Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mr. John Cowan

14. MOTHER'S MAIDEN NAME Hazel Tarboe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Hazel Cowan - #9 - Fifth St. S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital absence of abdominal wall with extraphy of entire intestinal tract & bladder — INTERVAL BETWEEN ONSET AND DEATH 53 hrs.

756.2 Antecedent cause(s)

157g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital developmental malformation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 22, 1950

19b. MAJOR FINDINGS OF OPERATION Congenital absence of abdominal wall, with extraphy of entire intestinal tract & bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1950, to July 24, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George H. McLain, M.D. ADDRESS 1746 K.N.W. - Wash. D.C. DATE SIGNED 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE Aug 1, 1950

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 8-3-50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Supt

2-0-7-22-0-21-2-36-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07404

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): Since 4-17-1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: None — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (Last) DAINGERFIELD
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: About 1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not any
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Daingerfield
14. MOTHER'S MAIDEN NAME: Virginia Key
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Dr. Sargents Sanitarium, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	Several years
332X Antecedent cause(s)	(b) Cerebral Thrombosis	5 days
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Brain Disease	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypostatic Congestion	5 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17-, 1950, to 7-23-, 1950, that I last saw the deceased alive on 7-22-, 1950, and that death occurred at 1:10 A m., from the causes and on the date stated above.

SIGNATURE: James P. Sands. (Degree or title) M.D. — ADDRESS: Laurel Sanitarium, Laurel, Md. — DATE SIGNED: 7-23-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 25 1950 — NAME OF CEMETERY OR ~~CREMATORY~~: New Cathedral — LOCATION (City, town, or county) (State): Balto - Md

DATE REC'D BY LOCAL REG.: 7/24/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Henry N. Jenkins & Sons Co — ADDRESS: 4905 York Rd.

XVX99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07405

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1017- 11'th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E (Last) DALY

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2/4/08

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile mechanic

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Daly

14. MOTHER'S MAIDEN NAME: Margaret Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): U.S.Coast Guard, 4/42 -10/45

16. SOCIAL SECURITY NO.: 579-16-3853

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis.	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12-, 1950, to 7-11-, 1950, that I last saw the deceased alive on 7-11-, 1950, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 7/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 7-14-1950 | NAME OF CEMETERY OR CREMATORY: Natl. Cemetery, Arlington | LOCATION (City, town, or county): Arlington (State): Va.

DATE REC'D BY LOCAL REG. 7/12/50 | REGISTRAR'S SIGNATURE: Rose Weiss

24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 3072-M-ST NW.

33284 Wash. D. C.

RECEIVED
JUL 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07406

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts — LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 721-58th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 721-58th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	D.	Davis	July 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	about 1870	80 ? yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Minister		Mexico	USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1 4 2 x **Immediate cause** (a) Acute congestive heart failure

1 3 1 a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Dep. Med. Exam.	Chevely-Hyattsville, Md.	7-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-28-50	Byrne Fun. Home	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-28-50	Amanda Downey	Byrne Funeral Home	

Carrie F. Campbell — Wash. D.C. VO894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1950
BUREAU V. R

07407

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural)-Cheltenham
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 38 S. Calverton Road (If rural, give location) Baltimore 23, Maryland.

3. NAME OF DECEASED (Type or Print) (First) Leo (Middle) Adolph (Last) Decker
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 16, 1903
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman
10b. KIND OF BUSINESS OR INDUSTRY City Police
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry A. Decker
14. MOTHER'S MAIDEN NAME Mary C. Buscher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Henry A. Decker (father) -2522 Wilkins Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage and shock

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

170c

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301 (CITY OR TOWN) Cheltenham (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 7 (Day) 9 (Year) 50 (Hour) 10 45 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver of a Car in Collision with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/13/50
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG July 10, 1950
REGISTRAR'S SIGNATURE R. Ernest Smith
24. FUNERAL DIRECTOR Farley Funeral Home ADDRESS Baltimore, Md.

60498

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1950
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07408

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 11 mo's, 24 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 406- 6'th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) NATHANIEL (Middle) (Last) DODSON

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/15/88

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Mt. Vernon, Fairfax Co., Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lemuel Dodson

14. MOTHER'S MAIDEN NAME: Mary Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-18-2730

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 years

002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 10 months

138 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Pinycane MD — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 7/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 7/5/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): D.C. Morgue

DATE REC'D BY LOCAL REG. 7/3/50 | REGISTRAR'S SIGNATURE: Mae Wess

24. FUNERAL DIRECTOR: Daniel Lee Pinycane MD — ADDRESS: Glenn Dale, Md.

3404 9

RECEIVED
JUL 11 1950
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07409

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 2710 Webster Street

3. NAME OF DECEASED (Type or Print): (First) Ceil (Middle) Agnes (Last) Dunleavy

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 2. 1929

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Electric Supply

11. BIRTHPLACE (State or foreign country): Scranton, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank A. Dunleavy

14. MOTHER'S MAIDEN NAME: Viola Colpoys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Catherine Dunleavy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x **Immediate cause** (a) Cerebral compression — Interval between onset and death:

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebellar hemorrhage (Idiopathic)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS: Cheverly - Hyattsville Md. DATE SIGNED: 7-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 7/1/50 — NAME OF CEMETERY OR CREMATORY: Scranton — LOCATION (City, town, or county) (State): Pennsylvania

DATE RECD BY LOCAL REG.: July 1, 1950 — REGISTRAR'S SIGNATURE: Amanda Downs

24. FUNERAL DIRECTOR: F. Gasch Sons — ADDRESS: Hyattsville Md

26660

RECEIVED
JUL 5 1990
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07410

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md.; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 1319 Quincy St. N.W.
3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Dunkel	4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1950
5. SEX F	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 16, 1870
9. AGE last birthday 80 yrs.	If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — None —	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stafford Co. Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Kendall Boyan	14. MOTHER'S MAIDEN NAME Sarah Sweatman Bladensburg Md
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)
16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Elizabeth F. Boyan 4212 53rd Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	
Antecedent cause(s)		
360X 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis.	
	(c) Hypertycemia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-13, 1950, to 7-15, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Hertz M.D.		Hyattsville, Md.	7-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/50	Ft. Lincoln Cemetery	Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15/50	Amanda Downey	The S. H. Hines Co.	Wash. D.C.

Permit #1308

RECEIVED
JUL 17 1950
BUREAU V. S.

07411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural) LENGTH OF STAY (in this place): 3 yrs., & 22 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1548 3rd Street, N. W.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) EDWARD	(Last) DYSON	4. DATE OF DEATH	(Month) 7	(Day) 26	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 12/18/07	9. AGE last birthday: 42 yrs.	If under 1 year: Months 7	Days 8	If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Grocery Clerk	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. H. Dyson		14. MOTHER'S MAIDEN NAME: Mary Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -	16. SOCIAL SECURITY No.: 577-28-0871	17. INFORMANT AND ADDRESS: Decedent	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary Tuberculosis	4 years.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	2 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/41, 1947, to 7/26/, 1950, that I last saw the deceased alive on 7/26/, 1950, and that death occurred at 8:45 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinicano	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	7/26/50

23. ~~BURIAL~~, CREMATION REMOVAL (Specify)	DATE THEREOF: 7/26/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 7/26/50	REGISTRAR'S SIGNATURE: Mae Weiss	24. FUNERAL DIRECTOR: Ralph Barbour	ADDRESS: 48 - K St. N.E.

43261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1950
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07412

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md. | LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5909 Harrison avenue

3. NAME OF DECEASED (Type or Print): (First) Doris (Middle) Ashley (Last) Farnham
4. DATE OF DEATH (Month) July (Day) 14, (Year) 1950

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 9/15/1900 | 9. AGE last birthday 49 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Baltimore Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Daniel A. Ashley | 14. MOTHER'S MAIDEN NAME Bernice Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - | 16. SOCIAL SECURITY NO. -- | 17. INFORMANT AND ADDRESS Albert Farnham Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Breast — 3 years

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1950, to 7-15, 1950, that I last saw the deceased alive on 7-12, 1950, and that death occurred at 7.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Deetz M. D. Hyattsville, Md 7-15-50.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7/17/50 | NAME OF CEMETERY OR ~~CREMATORY~~ Wesley Chapel | LOCATION (City, town, or county) (State) Rock Hall Md.

DATE REC'D BY LOCAL REG. July 16, 1950 | REGISTRAR'S SIGNATURE James Dewey | 24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md.

RECEIVED
JUL 18 1950
BUREAU V. S.

07413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor Md
STREET ADDRESS (If rural, give location) 3600 - 41 st

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) THOMAS (Last) FERGUSON
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/10/1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elisah B Ferguson
14. MOTHER'S MAIDEN NAME Amalia Jane Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Frank Gasch - Bladensburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral haemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis	3 yrs
	(c)	

422.2
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 7-25, 1950 that I last saw the deceased alive on 7-24, 1950, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

SIGNATURE Leonard Hays M.D. (Degree or title) ADDRESS Hyattsville Md DATE SIGNED 7/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/27/50
NAME OF CEMETERY OR CREMATORY Addison Chapel
LOCATION (City, town, or county) seat Pleasant (State) Md

DATE REC'D BY LOCAL REG. July 26/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch sons Hyattsville Md ADDRESS

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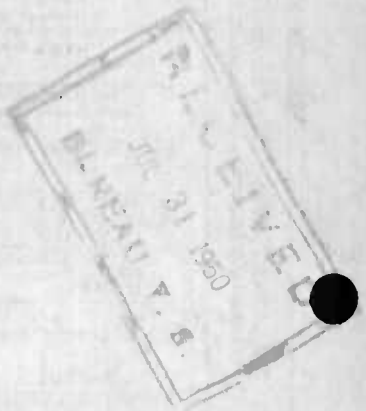
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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DEC 31 1950
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier | LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PR. GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
STREET ADDRESS (If rural give location) 4411 - 30th

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) FITZPATRICK

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: WH | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: June 21, 1865 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: James Fitzpatrick

14. MOTHER'S MAIDEN NAME: Mary A. McGarigle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Son Joseph A Fitzpatrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 x **Immediate cause** (a) Myocardial failure — Interval between onset and death: about

92 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral Stenosis — 2 years

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 48, to June 19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 10 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Harrington 3810-12 NE Washington DC

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/22/50 | NAME OF CEMETERY OR CREMATORY: Holy Cross | LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG.: July 19/50 | REGISTRAR'S SIGNATURE: James Terry

24. FUNERAL DIRECTOR: Wm. J. Nalley's Funeral Home | ADDRESS: 3200-R.I. Ave, Mt. Rainier, Md. XVX49

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07415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 205

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md
STREET ADDRESS (If rural, give location) 2633 - Nicholson st

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FREDERICK WILSON FLAKE
4. DATE OF DEATH (Month) (Day) (Year): July 27, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9/24/1896
9. AGE last birthday: 53 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): classifier questionable documents
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Flake
14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: — —
17. INFORMANT AND ADDRESS: Olga Flake - Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) acute Coronary Thrombosis	2 hrs.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to July 27, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE: William Frank (Degree or title) M.D. ADDRESS: 5850 ager Road, Hyattsville DATE SIGNED: 7/27/50

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify): Cremation
DATE THEREOF: 7/31/50
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: July 29, 1950
REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: F. Gasch & sons Hyattsville Md ADDRESS

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 11 1950
BUREAU V. S

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07416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4228 - 34 st

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARGARET CHANEY Fluery

4. DATE OF DEATH (Month) (Day) (Year) July 9 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Aug 20 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY Work

13. FATHER'S NAME William Chaney
14. MOTHER'S MAIDEN NAME Mary Ellen sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Lorraine Fluery Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	5 days
4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac ~~infir~~ insufficiency & acute dilation	5 days
63b	(c) Myocardial weakness	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyeron thyroidism — 10 yrs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from for 40 yrs, 19....., to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 7.05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos E Latimer M.D. 4108 Jefferson St Hyattsville Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. July 12, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR ADDRESS F. Tasche Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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RECEIVED
JUL 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07417

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt — LENGTH OF STAY (In this place) 1mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5-L Eastway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 5-L Eastway Road.

3. NAME OF DECEASED (Type or Print): (First) Christopher (Middle) (Last) Gebricke

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25 1891

9. AGE last birthday: 5-9 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipwright

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dist of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Gebricke

14. MOTHER'S MAIDEN NAME: Maria Schields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 575-34-4898.

17. INFORMANT: See Gebricke - Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

(c) Cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Maloney M.D. Dep. Med Exam. Cheverly Hyattsville Md 7-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/31/50 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) Arlington Va (State)

DATE RECD BY LOCAL REG. 7/29/50 | REGISTRAR'S SIGNATURE Amelia Downey | 24. FUNERAL DIRECTOR F. Gascho Sons ADDRESS Hyattsville Md.

36299

RECEIVED
AUG 2 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07418

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. George Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural give location) 3816 Bunker Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) M. (Last) GENUNG

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-3-1891

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy man

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Genung

14. MOTHER'S MAIDEN NAME: Nettie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 204-09-9461

17. INFORMANT: Mary E. Genung

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1950, to 7/21, 1950, that I last saw the deceased alive on 7/21, 1950, and that death occurred at 1:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl N. Graff, MD. 3400 14th St NE Wash DC 7-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 7/24/50 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: July 23, 1950 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Nalley's Funeral Home 4697 3280 R.I. Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
JUL 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07419

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Willis Farm - Sargent Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 5703 - 15th Place (Chillum)

3. NAME OF DECEASED (Type or Print): (First) Carolyne (Middle) Joan (Last) Gillespie

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 1-1925

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse (?)

10b. KIND OF BUSINESS OR INDUSTRY: Casualty hosp.

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Felix Sabrizgowski

14. MOTHER'S MAIDEN NAME: Estelle R. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Keith B. Gillespie Chillum Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

960 × **Immediate cause** (a) Hemorrhage & shock

164c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm
(CITY OR TOWN) (COUNTY) (STATE): Chillum - Hyattsville Pr Geo - Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 02 - 50 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?: Self inflicted wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — **ADDRESS** — **DATE SIGNED**
John J. Malarkey M.D. Dep. Md. Exam. — Cheverly Hyattsville Md — 7-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/7/50
NAME OF CEMETERY OR CREMATORY: New Washington
LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: July 7, 1950
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR — **ADDRESS**: F. Gasche sons Hyattsville Md

V 3692

RECEIVED
JUL 10 1950
BUREAU V. S.

07420

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Pr. Geo. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chick Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6705 - F - St. N.E.

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) MAY (Last) GLASCOCK

4. DATE OF DEATH (Month) (Day) (Year) 7 - 31 - 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 10-15-1867

9. AGE last birthday 82 yrs.
If under 1 year Months 9 Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Garrettson

14. MOTHER'S MAIDEN NAME Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Daniel Roche-4835 Queens Chap. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio renal disease 17 Yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Oedema Chronic interstitial July A.D. 50

(c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June A.D., 1950, to July 31, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Lapsley M.D. 3512 Eastern Ave N.E. Washington D.C. July 31/50

Burial

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 8-1-50 NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. July 31-50

REGISTRAR'S SIGNATURE Lucie F. Campbell

24. FUNERAL DIRECTOR Geo. E. Hines Co. ADDRESS 2401-14th St. N.W.

Licensed in D.C. and Md.

VS. A15

Approved by Dr. James A. Boyd,
Coroner for Prince George's
County, Md.

July 31/50 R. Apgar,

RECEIVED
AUG 4 1950
BUREAU V. 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07421

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (RURAL)
LENGTH OF STAY (in this place): 4 yrs., 3 mo., 9 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 904- New York Ave., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) GUS (Middle) P (Last) GORZOUS

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/23/92

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Shop owner

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pete Gorzous

14. MOTHER'S MAIDEN NAME: Foto Serolos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 577-18-6773

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cor pulmonale with congestive heart failure	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	5 years
	(c) Diabetes mellitus	unknown

002 X
136
260

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1946, to 7-6-, 1950, that I last saw the deceased alive on 7-5-, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 7/5/50

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: July 8-50 | NAME OF CEMETERY OR CREMATORY: Washington National | LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 7/7/50 | REGISTRAR'S SIGNATURE: Rose Weiss

24. FUNERAL DIRECTOR: W W Chambers | ADDRESS: Cheverly, Md.

70089

RECEIVED
JUL 13 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07422

Reg. Dist. No. 23 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston; LENGTH OF STAY (in this place): 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland - COUNTY: Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston; STREET ADDRESS (If rural, give location): 4905 - 52nd Place

3. NAME OF DECEASED (Type or Print): (First) Bobby (Middle) Raymond Edward (Last) Grant Jr.

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 14 July 1950

9. AGE last birthday: 3 days yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Grant

14. MOTHER'S MAIDEN NAME: Anna Mae Nagel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

762.0 Antecedent cause(s)

161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Incomplete Expansion of the Lungs.

(c) Pulmonary Congestion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 July, 1950, to 17 July, 1950, that I last saw the deceased alive on 16 July, 1950, and that death occurred at 3 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Perkins, M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: 7-22-50 | NAME OF CEMETERY OR CREMATORY: Prince Georges Gene. Hosp. | LOCATION (City, town, or county) (State): Cheverly, Md.

DATE REC'D BY LOCAL REG.: 7/25/1950 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: David A. McNamee ADDRESS

2-0-7-14-8-19-1-40-4

RECEIVED
JUL 27 1950
BUREAU V. S.

07423

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7100 - F Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 7100 F Street

3. NAME OF DECEASED (Type or Print) (First) Lacey (Middle) Eugene (Last) Gregory
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-22-84
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U-S-A
13. FATHER'S NAME John W. Gregory
14. MOTHER'S MAIDEN NAME Emma M Lacey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) One (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John W. Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177x 51b

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate

19a. DATE OF OPERATION 10/1/49
19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 7-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1950
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Suitland (State)
DATE REC'D BY LOCAL REG July 5-50
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR J. William Lee & Son Co. ADDRESS 300 - 4th St. N.E. Wash. D.C. 308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 10 1950
BUREAU V. S.

07424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts.
STREET ADDRESS (If rural give location) 434-57th Ave

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) WELLINGTON (Last) HORSTMAN Sr.
4. DATE OF DEATH (Month) JULY (Day) 18 (Year) 1950

5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 5-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Pepco (Lineman)
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rufus Horstman.
14. MOTHER'S MAIDEN NAME Elizabeth Woodard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. James W Horstman Jr (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 x Immediate cause (a) Chronic Congestive Heart Failure - Acute Exacerbation — 1 Month.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE - ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — 7-8 Months.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE William Gray M.D. (Degree or title) ADDRESS 7008 Marlboro Pike S.E. Washington-19 D.C. DATE SIGNED July 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF 7-21-1950
NAME OF CEMETERY OR CREMATORY Addison Chapel Cem
LOCATION (City, town, or county) Seat Pleasant (State) Md

DATE REC'D BY LOCAL REG. 7-19-50
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR J Wm Lee Sons Co. ADDRESS Washington D C

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1950
BUREAU T. S.

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07425

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Highway Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Luther (Middle) (Last) Kirk
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct 12, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Jobs
11. BIRTHPLACE (State or foreign country) Charlotte N.C
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Kirk
14. MOTHER'S MAIDEN NAME Lila E. Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT John Kirk Charlotte N.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound comminuted fracture

170c (c) of skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public Street
(CITY OR TOWN) Berwyn (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-4-50 4:40 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by automobile while crossing highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med Examiner - Cheverly Hyattsville, Md 7-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/ /50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. July 9/19 50
REGISTRAR'S SIGNATURE Amanda Downey
John D. Smith
24. FUNERAL DIRECTOR F. Gasch's Son Hyattsville Md ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

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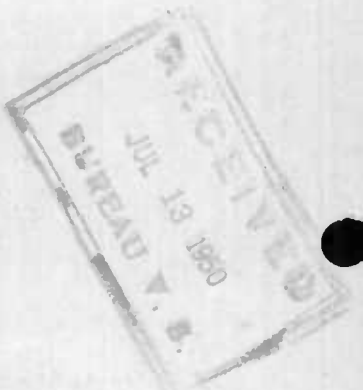
RECEIVED
JUL 13 1960
BUREAU

07426

MARYLAND STATE DEPARTMENT OF HEALTH PC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6503 - 40th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4601 Arabia Ave

3. NAME OF DECEASED (Type or Print) (First) Franklin (Middle) Le Roy (Last) Kirkwood
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 17, 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clearing Agent
10b. KIND OF BUSINESS OR INDUSTRY Shipping
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Phillip Kirkwood
14. MOTHER'S MAIDEN NAME Isabelle Burgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War I and II
16. SOCIAL SECURITY NO. 212-01-2464
17. INFORMANT Hilda A. Kirkwood - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep Med Exam (Degree or title) ADDRESS Cheverly Hyattsville Md DATE SIGNED 7-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July.12.1950
NAME OF CEMETERY OR CREMATORY Baltimore Cem.
LOCATION (City, town, or county) (State) Baltimore Md.
DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. Baltimore Md. ADDRESS Henry P. Sander

24451

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07427

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4014 - 36th st.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier.
STREET ADDRESS (If rural give location) 4014 - 36th St.

3. NAME OF DECEASED (Type or Print) (First) Estill (Middle) (Last) Landers

4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7/11/1894

9. AGE last birthday 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junior [illegible]

10b. KIND OF BUSINESS OR INDUSTRY Government

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Landers

14. MOTHER'S MAIDEN NAME Minnie Gilbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) War I

16. SOCIAL SECURITY NO.

17. INFORMANT Nell Landers (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: 20 min

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) S.K.G. Nov 2 1949 showed myocardial damage
(c) due to coronary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1949, to July 12, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm J. Norton M.D. ADDRESS 3827-34th St Mt Rainier Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE 7/14/50 | NAME OF CEMETERY OR CREMATORY Ashland Kentucky | LOCATION (City, town, or county) (State) Ashland Kentucky

DATE REC'D BY LOCAL REG. July 13, 1950 | REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR ADDRESS Wm J. Nalley's Funeral Home 3200 R.I. Ave. Mt. Rainier, Md.

49697

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JUL 15 1950
BUREAU V. S.

07428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 mo., 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1266 Morse St., N. E., Apt.#104

3. NAME OF DECEASED (Type or Print) (First) LUCILE (Middle) M (Last) LOWRY
4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 9/3/1906
9. AGE last birthday 43 yrs. If under 1 year Months 10 Days 13 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Treasury Dept.
11. BIRTHPLACE (State or foreign country) Greensboro, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Martin
14. MOTHER'S MAIDEN NAME Mamie McAdoo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 8 mos

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1950, to 7/16, 1950, that I last saw the deceased alive on 7/16, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) MD
ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland
DATE SIGNED 7/16/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF 7/17/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 7/17/50
REGISTRAR'S SIGNATURE Nee Weiss
24. FUNERAL DIRECTOR McGuire Funeral Service
ADDRESS 1820-9st NW Wash DC

#-84 26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 24 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 126 JUL 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07429

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodyard
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodyard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bernard (Last) Mayhew Sr.

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1881

9. AGE last birthday: 68 69 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bailif

10b. KIND OF BUSINESS OR INDUSTRY: Court (Local)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Mayhew

14. MOTHER'S MAIDEN NAME: Susanna Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Irving Norfolk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

1310

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 7/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7/6/50 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland, (State) Md.

DATE REC'D BY LOCAL REG. July 5 1950 — REGISTRAR'S SIGNATURE R. Bruce Smith

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

61298

RECEIVED
JUL 6 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

017430

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College City
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3807-37th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College City -
STREET ADDRESS (If rural give location): 3807-37th Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray	M.c. Lynn	M.c Cuns	July 3 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	May 2, 1901	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	unk.	Kansas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M.c Cuns	Grace Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-38-6079	Elsa M.c Cuns - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cor. congestive heart failure

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Coronary Occlusion

(c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J Maloney	M.D.	Dep. Med Exam. Cheverly Hyattsville, Md	7-3-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/4/50		Horton Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/3/50	Amanda Downey	Lee Funeral Home	300-4th N.E Wash D.C

32699

RECEIVED
JUL 6 1950
BUREAU V. S.

07431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale,
STREET ADDRESS (If rural, give location) 4647 Wells Parkway

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Raymond (Last) McElfish

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/17/1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY UN. OF MARYLAND
11. BIRTHPLACE (State or foreign country) ALLEGANY CTY. MD
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME PHILLIP McELFISH
14. MOTHER'S MAIDEN NAME MARY BENNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY No. UNKNOWN
17. INFORMANT AND ADDRESS NELLIE M. McELFISH - 4647 WELLS PKY. RIV. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral hemorrhage	48 hr
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1950, to 7-19, 1950, that I last saw the deceased alive on 7-19, 1950, and that death occurred at 2.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R B Wissinger MD. 4408 Queensbury Rd - Riverdale Md 7-20-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7/21/50
NAME OF CEMETERY OR CREMATORY FORT ASHBY CEMETERY
LOCATION (City, town, or county) (State) FORT ASHBY W. VA.

DATE REC'D BY LOCAL REG. July 20, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local.
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. - ADDRESS RIVERDALE, MD

60291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07432

245

Reg. Dist. No. 244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home Riggs Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY PRINCE GEORGES Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SIL SPRINGS MD.
STREET ADDRESS (If rural, give location) RIGGS RD.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Mellor

4. DATE OF DEATH (Month) July (Day) 23, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 8th 1864

9. AGE last birthday 86 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) IRELAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME DANIEL McGEE

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Dorothy Gurnn 5614-31st AVE HYATTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to July, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard A. Fitzgerald MD 802 Malcolm Dr. S.S. Md 7/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 7-26-50 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REG. 7/24/50 | REGISTRAR'S SIGNATURE Frances Potter James Service

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin St. NW Wash., D.C.

RECEIVED
JUL 28 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07433

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608-60th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural give location) 608-60th Ave

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Mary (Last) Mines

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 15, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Howard
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Albert Mines Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.0 Immediate cause (a) Hypostatic pneumonia

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia, due to gangrenous bed sores

(c) Fractured femur

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Fairmont Heights (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) Apr. (Day) 1 (Year) 1950 (Hour) 3:00 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Leg twisted going to bath room -

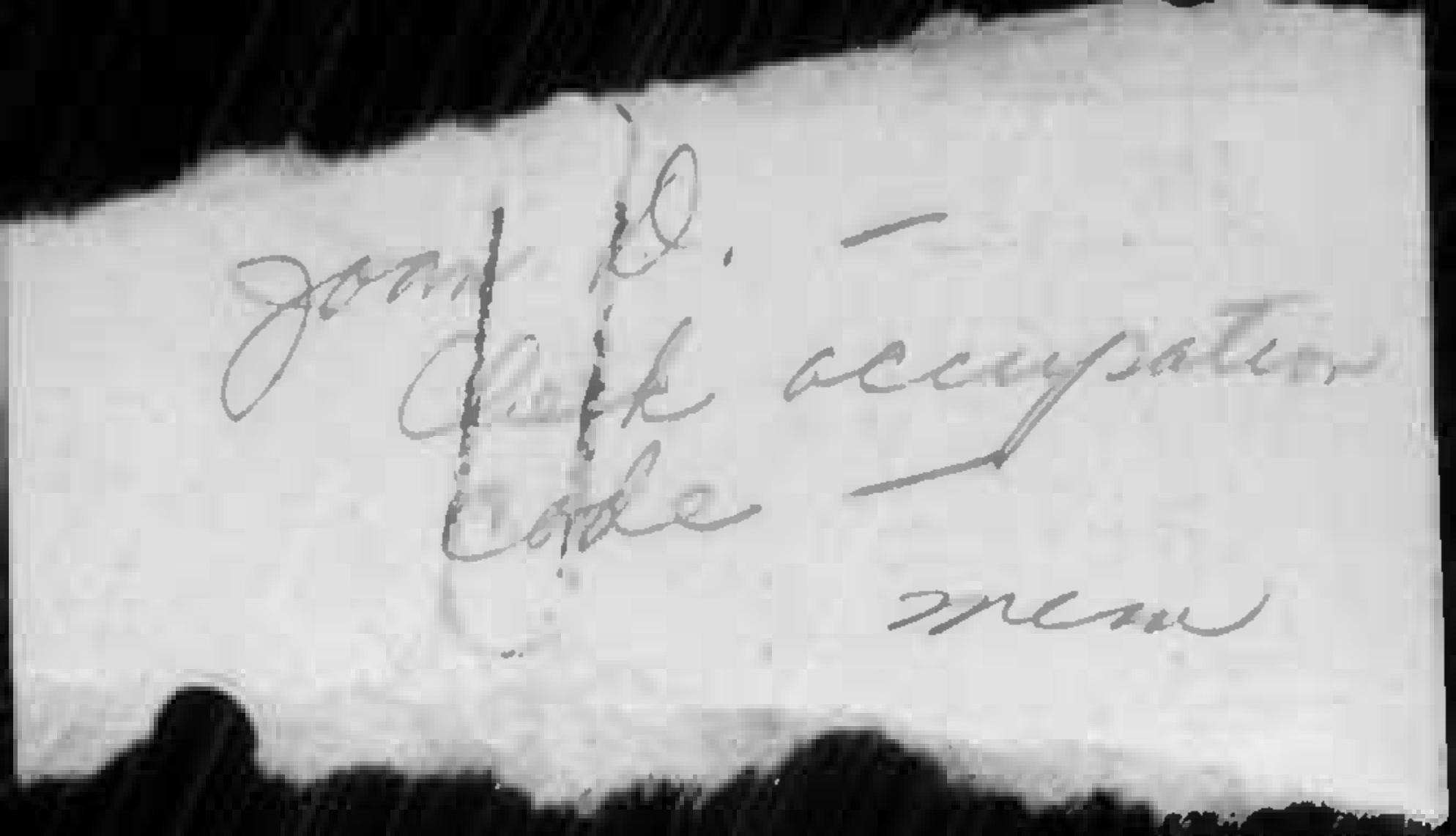
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly, Hyattsville, Md 7-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-12-50
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) DC

DATE REC'D BY LOCAL REG. July 10, 50
REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell
24. FUNERAL DIRECTOR John F. Stewart - 30 H. H. E.
ADDRESS

RECEIVED
JUL 15 1960
BUREAU V. S.



07434

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town Clinton Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred: Thrift Road Clinton Md.

How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George

City or town Clinton, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. Thrift Road, Box 208 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Francis Mullikin

3.(b) Social Security Number

4. Sex M

5. Color or race W

6.(a) Single, married, widowed, or divorced Widowed ~~Widowed~~

8.(b) Name of husband or wife Clara B. Mullikin

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 19 1871

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Clinton, Maryland (Town, county, and state)

10. Usual occupation retired

11. Industry or business Yor

FATHER 12. Name James W. Mullikin

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Goddard

15. Birthplace Md

16. Informant Mrs Clara B. Hospedor

Address Thrift Road Box 208

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20-1950 (month) (day) (year)

Cemetery or crematory St Ignatius Cemetery

Location Oxon Hill Maryland

18. Funeral director Simmons Bros.

Address 2007-Nichols ave., S.E.

19. July 17 1950 (Date rec'd by registrar) Howard J Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1950 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 18 1950 to July 17 1950 and that I last saw him alive on July 17 1950

Immediate cause of death Cerebral Hemorrhage with Paralysis left arm and leg

Due to

Due to General Arteriosclerosis

Other conditions none

DURATION: 10 days; unknown

331x 83a (Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Date of

Where did injury occur? Causes (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Washington 19 DC Date signed July 17 1950

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 31 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07435

CERTIFICATE OF DEATH

Reg. Dist. No. 105 Local Reg. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston — LENGTH OF STAY (in this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANCIS	DeSALES	MURRAY	JULY	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWER	MAY 25, 1878	72 yrs.	7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm tenant	Retired farmer	Chas Co md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward M Murray	Virginia Carico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		E May Murray Elkton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular Collapse	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver with	2½ years
	(c) Generalized metastases	

156.1 46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1949	Carcinoma of liver	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1946, to July, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred R. Lapen	M. D.	Clinton, Md	July 27, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 50	Emanuel	Boden Chas Co md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-27-50	M. L. Mowell	Hunt & Ryon	Waldorf md.
7-28-50	F. H. Billingsley		

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AUG 4 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07436

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 4 days - 11 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: [illegible] COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington DC
STREET ADDRESS (If rural, give location): 4910 Dent St. S.E.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Lee (Last) Norrington

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-6-91

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lionel B. Norrington (son) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia due to Generalized Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma, Bladder with extension to small bowel, Lungs, heart and iliac nodes.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brainin MD 6124 Central Ave Capitol Hgts Md 7/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-24-50 — NAME OF CEMETERY OR CREMATORY: Wash Natl — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 7-22-50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: W W Chambers - 517 - 11th St. S.E. D.C.

RECEIVED
JUL 25 1980
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07437

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.C.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 238 8 St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Douglas (Middle) Anthony (Last) O'Malley
4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1920
9. AGE last birthday: 30 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sale Seller
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James O'Malley
14. MOTHER'S MAIDEN NAME: Gertrude Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY No.: yes.
17. INFORMANT: James O'Malley - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab wound of chest
(c)

982x
167

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Place
(CITY OR TOWN) Bladensburg (COUNTY) P. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-3-50 9:10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed by another person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md. 7-4-50

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF 7-7-50 — NAME OF CEMETERY OR CREMATORY Washington Natl — LOCATION (City, town, or county) (State) Suitland Md.
Burial

DATE REC'D BY LOCAL REG. 7/5/50 — REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR — ADDRESS W. W. CHAMBERS CO. 517 11th St. S.E. WASH., D.C.

98827

RECEIVED
JUL 7 1950
BUREAU V. S.

07438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Nichols Drive

3. NAME OF DECEASED (Type or Print) (First) John (Middle) William (Last) Paffard Jr.
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 24 1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John William Paffard
14. MOTHER'S MAIDEN NAME Mary Ellen Crismond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Alta Talley - Box 228 Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory depression - central — 3 hours

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined

161a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cardiovascular failure — 5 minutes

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:00 PM 7/24 1950, to 1:15 AM 7/25 1950, that I last saw the deceased alive on 7/25, 1950, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE J. M. Warren (Degree or title) Md. ADDRESS Laurel Md DATE SIGNED 7-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 26, 1950
NAME OF CEMETERY OR CREMATORY Nelson Cemetery
LOCATION (City, town, or county) Sugar Grove Va. (State)
DATE REC'D BY LOCAL REG. July 25 1950
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel Md

2-0-7-24-0-25-2-35-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07439

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 yrs, 9 mo's
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1025- 15'th, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B. (Last) PARKER

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 19, 1901

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock clerk

10b. KIND OF BUSINESS OR INDUSTRY: Office building

11. BIRTHPLACE (State or foreign country): Wilmington, North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James C. Parker

14. MOTHER'S MAIDEN NAME: Pearl Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-14-4507

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 12 years 7 months

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:7:, 1947, to 7:25:, 1950, that I last saw the deceased alive on 7/25/, 1950, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Lee Finicare M.D., Glenn Dale Sanatorium, Glenn Dale, Maryland 7/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7/26/50 — NAME OF CEMETERY OR CREMATORY: District of Columbia Morgue — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 7/26/50 — REGISTRAR'S SIGNATURE: Roe Wess

24. FUNERAL DIRECTOR — ADDRESS: Daniel Lee Finicare MD Glen Dale Md.

26699

RECEIVED
JUL 31 1950
BUREAU T. S.

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I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~D.C.~~ Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20
STREET ADDRESS (If rural, give location) 7241 Alkntown Road, S.E 8 50 AM

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Paul

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-21-50 (1 50 AM)
9. AGE last birthday 7 hrs — If under 1 year Months. Days If under 24 hrs. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert A. Paul
14. MOTHER'S MAIDEN NAME Mildred Josslyn Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroblastosis foetalis

770 D Antecedent cause(s)

161 c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 7-21, 1950, and that death occurred at 8 50 A m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen MD (Degree or title) ADDRESS College Park, Md DATE SIGNED 7/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 7-22-50
NAME OF CEMETERY OR CREMATORY Prince George's Gen'l. Hosp
LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REG. 7-25-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR David A. McNamee ADDRESS

2-0-7-21-0-26-5-36-3

RECEIVED
JUL 27
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07441

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Heights — LENGTH OF STAY (In this place): 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1014-60th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont Heights
STREET ADDRESS (If rural, give location): 1014-60th Ave

3. NAME OF DECEASED (Type or Print): (First) Son (Middle) (Last) Payton

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Oct 7, 1889 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Payton
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ernest Payton, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Ac. congestive heart failure
442x
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardiovascular renal disease
131a
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Chevy Ch. Md. 7-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: July 26, 50
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: July 26-50
REGISTRAR'S SIGNATURE: Carrie F. Campbell.
24. FUNERAL DIRECTOR: H.S. Washington & Son
ADDRESS: 467 N St. N.W.

98879

VS. A15A

JUL 31 1950
BUREAU U.S.

07442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: 5401 Spring St., Forestville Md. Washington 19 DC (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred: 5401 Spring St. S.E. Washington 19 DC

How long in hospital or institution? Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Forestville, Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: 5401 Spring St. SE Washington 19 DC (If rural, give LOCATION)

2.(a) If veteran, name war: — none —

3.(a) FULL NAME: William Barton Peterson

3.(b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Ida May Rulapaugh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 2 1875

8. AGE: Years: 75 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Avoca, New York. (Town, county, and state)

10. Usual occupation: Machinist. Retired

11. Industry or business: U.S. Navy Yard.

FATHER: 12. Name: Lorenzo Peterson

13. Birthplace: Avoca New York.

MOTHER: 14. Maiden name: Julia Alice Thomas

15. Birthplace: Avoca New York

16. Informant: Mrs W. B. Peterson (Wife)

Address: 5401 Spring St. Washington 19 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1st 1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland, Md.

18. Funeral director: N. N. Chambers Co.

Address: 517-11th St. S.E.

19. July 29 1950 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1950 at 10 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23 1949 to July 29 1950 and that I last saw him alive on July 28 1950

Immediate cause of death: Acute Coronary Occlusion — DURATION: Sudden

Due to: Chronic myocarditis — 6 MO.

Due to: General Arteriosclerosis — [illegible]

Other conditions: Cerebral hemorrhage with paralysis Rt side of body. — Nov 22 1950

420.1 (Include pregnancy within 3 months of death)

Major findings of operations: none

93d Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul O'Van Hatts M. D. or other

Address: Washington 19 DC Date signed: July 29 1950.

32697

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07443

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: County Prince Georges; City or town Chapel Oaks (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? 2 yrs.; Hospital, institution, or street address where death occurred: 1120 – 57th Place; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince Georges; City or town Chapel Oaks (If outside city or town limits, write RURAL and give nearest town); Street No. 1120 – 57th Place (If rural, give LOCATION); 2.(a) If veteran, name war

3. (a) FULL NAME: Clifford Lane Porter

3. (b) Social Security Number: 253-30-3220

4. Sex: Male

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Alice B. Porter

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1898

8. AGE: Years 51; Months 9; Days; If less than one day ... hrs. ... min.

9. Birthplace: West Point, Ga. (Town, county and state)

10. Usual occupation: Dining Car Waiter

11. Industry or business

FATHER — 12. Name: Joe Porter; 13. Birthplace: Whitfield Crossing, Ga.

MOTHER — 14. Maiden name: Lizzie Smith; 15. Birthplace: West Point, Ga.

16. Informant: Mrs. Alice B. Porter; Address 1120 – 57th Pl.

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 1 – 50 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director: Henry S. Washington & Son; Address 467 N St. N.W.

19. July 1 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1950 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1949 to July 1 1950 and that I last saw him alive on June 30 1950

Immediate cause of death: Congestive Heart Failure — DURATION 1½ wks.

Due to: Hypertensive Cardio-Vascular Disease with Left Vent. Failure

Due to: Nephritis

Other conditions: 442x 932 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John W. Robinson, M.D. M. D. or other

Address 1001 Eastern Ave. N.E. Date signed 7/1/50

78047

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07444

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mos., &13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1111 R. I. Ave., N. W.

3. NAME OF DECEASED (Type or Print): (First) ROLAX (Middle) (Last) POTTS

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/19/1925

9. AGE last birthday: 24 yrs. If under 1 year: Months 11; Days 2. If under 24 hrs.: Hours -; Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto-painter

10b. KIND OF BUSINESS OR INDUSTRY: Abbott Oldsmobile

11. BIRTHPLACE (State or foreign country): Jefferson, Ala.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harvey Potts

14. MOTHER'S MAIDEN NAME: Mollie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) 1/9/43 to 3/45.

16. SOCIAL SECURITY NO.: 418-22-1370

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 7 months

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1950, to 7/21, 1950, that I last saw the deceased alive on 7/21, 1950, and that death occurred at 9 55 P m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 7/21/50

23. BURIAL, CREMATION / REMOVAL (Specify) V; DATE THEREOF 7/22/50; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 7/24/50; REGISTRAR'S SIGNATURE Mae Weiss

24. FUNERAL DIRECTOR D. Ernest Jarvis Co. ADDRESS 1432 U. St.

45884

VS/A15

RECEIVED
JUL 28 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07445

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WASH. D.C.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5610 BOCK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PRINCE GEORGES COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WASH. D.C.
STREET ADDRESS (If rural, give location) 5610 - BOCK RD.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) HERMAN (Last) RADTKE

4. DATE OF DEATH (Month) JULY (Day) 12 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 25 DEC 1892
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMP.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM RADTKE
14. MOTHER'S MAIDEN NAME MEENA MASKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. 577-20-0899
17. INFORMANT AND ADDRESS CARL RADTKE 4204 NEWTON ST COLMAR MANOR MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X Immediate cause (a) BRONCHOGENIC CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS

Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ? MAY 1950
19b. MAJOR FINDINGS OF OPERATION INOPERABLE BRONCHOGENIC CARCINOMA
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 JULY, 1950, to 12 JULY, 1950, that I last saw the deceased alive on 12 JULY, 1950, and that death occurred at 815 P m., from the causes and on the date stated above.

SIGNATURE Robert T. Jackson MD (Degree or title) ADDRESS 4221 - S. CAPT. WASH. D.C. DATE SIGNED 13 JULY 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7/15/50 NAME OF CEMETERY OR CREMATORY FORT LINCOLN LOCATION (City, town, or county) HYATTSVILLE, MD (State)

DATE REC'D BY LOCAL REG. 7-13-50 REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS WASH. D.C.

CORONER NOTIFIED & APPROVES (DR. MALONEY)

30849

RECEIVED
JUL 15 1950
BUREAU V. S.

07446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selisia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8651 Riverview Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selisia
STREET ADDRESS (If rural, give location) 8651 Riverview Rd. S.E.

3. NAME OF DECEASED (Type or Print) (First) Archie (Middle) G (Last) Raum
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 26-1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Fisherman
11. BIRTHPLACE (State or foreign country) Pr. Geo's Co. md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew J. Raum
14. MOTHER'S MAIDEN NAME Amelia A Gallahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary P. Raum 8651 - Riverview Rd. Nash. 20 DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary Tuberculosis (bilateral)	6 months
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to July 15, 1950, that I last saw the deceased alive on July 15, 1950 and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Anna Coyne Todd, M.D. 7274 Palmer Rd S.E. Wash. 20, D.C. July 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 18/1950
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) (State) Piscataway Md Pr. Geo's Co

DATE REC'D BY LOCAL REG. July 15
REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR Simmons Bros. 2007 - Nichols Ave. S.E. Wash 20, D.C.

90099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1980
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07447

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 8 Mrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) M. (Last) Revis

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7 Mar 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): No. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Revis

14. MOTHER'S MAIDEN NAME: Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

153X Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Carcinoma of Sigmoid Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jul 24, 1950, that I last saw the deceased alive on Jul 10, 1950, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Doctor M.D. Hyattsville, Md 7-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: July 26-1950 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or county) (State): Bladensburg Pr. Geo. Md

DATE REC'D BY LOCAL REG. 7-24-50 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR | ADDRESS: Simmons Bros. 2007 Nichols Ave SE Wash D.C.

RECEIVED
JUL 25 1960
BUREAU V. S.

07448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Day (Last) Robinson
4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1950
5. SEX: Fe
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ? 1857
9. AGE last birthday: 93 yrs. — If under Months: — 1 year Days: — If under Hours: — 24 hrs. Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Fed. Govt
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Noah Day
14. MOTHER'S MAIDEN NAME: Charity ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Charlotte Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Glomerular Nephritis	6 Months
442X Antecedent cause(s)	(b) Hypertensive Cardio-Renal Disease	years
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Sept., 1948, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at P. m., from the causes and on the date stated above.

SIGNATURE: T. Richard Conner, M.D. (Degree or title) ADDRESS: Bowie, Md DATE SIGNED: July 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-6-50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Zeiva, Ohio

DATE REC'D BY LOCAL REG.: 7-4-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: John [illegible] — ADDRESS: Hasbro, DC

7/7/50 Mrs. Agnes M. Yingling

30-H St. N.E.

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1950

07449

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (In this place) 44
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3800 Taylor St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 3800 - Taylor St

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) Moore (Last) Sampson
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 24, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles W. Moore
14. MOTHER'S MAIDEN NAME Mary Maria Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Evelyn S. Randall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebral accident

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med Exam - Cheverly Hyattsville Md 7-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/10/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. July 10, 1950
REGISTRAR'S SIGNATURE James Sivey
24. FUNERAL DIRECTOR ADDRESS F Gasch & Son Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07450

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4330 Royal St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
4330 Royal St.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Md.
STREET ADDRESS (If rural, give location) 4330 Royal St.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Gregory (Last) Sanford

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-28-1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture store - DC.

10b. KIND OF BUSINESS OR INDUSTRY: Shipping Clerk

11. BIRTHPLACE (State or foreign country): Westmoreland Co., Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gordon A. Sanford

14. MOTHER'S MAIDEN NAME: Mary Gawen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 578-09-3060A

17. INFORMANT AND ADDRESS: Wife - Essie - 4330 Royal St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma Liver	6 mo (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cecum	3 years
	(c)	

153x 46e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1948

19b. MAJOR FINDINGS OF OPERATION: Obstructive Carcinoma Cecum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to 7-27, 1950 that I last saw the deceased alive on 7-26, 1950, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
R. J. McNulty, M.D. | 1016 E. Capitol St. | 7-27-50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | July 31-50 | Washington National Park | Suitland, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
July 31-50 | Carrie T. Campbell | W. W. Chambers Co. | 517-11th St. SE
26679 Wash. D.C.

VS A15

RECEIVED
JUL 31 1980
BUREAU T. S.

07451

105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. local Reg Dist 240

1. PLACE OF DEATH:

County Prince George County

City or town Alms House Ritchie and Washington 19 DC (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred: Alms House Darcey Road

How long in hospital or institution? 2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George

City or town Darcey Road Washington 19 DC (If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 Darcey Road St (If rural, give LOCATION)

2.(a) If veteran, name war — — — uncertain

3.(a) FULL NAME Frank Savoy

3.(b) Social Security Number none

4. Sex M

5. Color or race Negro

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife — none —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown about 1875.

8. AGE: Years "about 75" Months — Days — If less than one day ..... hrs. ..... min.

9. Birthplace Prince George Co. Md (Town, county, and state)

10. Usual occupation Farmer and Laborer

11. Industry or business Hired hand.

FATHER 12. Name John Savoy

13. Birthplace Prince George Co. Md

MOTHER 14. Maiden name "Liza Barton"

15. Birthplace Prince George Co. Md

16. Informant Alms House Records

Address Washington 19 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-21-50 (month) (day) (year)

Cemetery or crematory M E.

Location (J. B.) Brandywine Md

18. Funeral director Hunt & Ryan

Address Waldon Md

19. 7-20 1950 (Date rec'd by registrar) M L Moore Registrar

local - 7-21-1950 F H. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1950 at 1 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1950 to July 17 1950 and that I last saw him alive on July 15 1950

Immediate cause of death acute cardiac decompensation and congestive heart failure — DURATION 1 day

Due to General Arteriosclerosis — unknown

Due to 450.0

Other conditions — none of note

93d (Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. ~~or other~~

Address Washington 19 DC Date signed July 17 1950

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
AUG 3 1960
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07452

Reg. Dist. No. 430

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md.; LENGTH OF STAY (in this place) 1 yeda; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Shaw

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22-1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Bertha Shaw Beltsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset and Death: 2yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to 7-2, 1950, that I last saw the deceased alive on 7-1, 1950, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE Leonard Davy (Degree or title) ADDRESS Hyattsville Md DATE SIGNED 7-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/6/50 | NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REG. 7/6/50 | REGISTRAR'S SIGNATURE Amanda Downey Mr. John D. Smith

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md.

32697

VS: A15

RECEIVED
JUL 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07453

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6810 7 Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 6810 7 Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Reid	Summerell	7	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-25-86	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Govt	Rockville Pa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Summerell	Margaret McCaskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Eleanor W Summerell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	7-29-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	July 31. 1950	Washington National	Lanham	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30-50	Orrin F. Campbell	J. Wm. Lee Sons Co.	300 4½ St N E Washington D.C.

26697

VS. A15A

RECEIVED
AUG 1 1950
BUREAU F. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07454

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 7 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Conval. Home 5301-42nd ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural give location) 6012 - Ager Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
ADA	B	SUIT	7	10	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Femal	White	Widowed	2/15/1869	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Jones — 14. MOTHER'S MAIDEN NAME: Mary J. Hales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Marion Lyons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331X Antecedent cause(s) 830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1949, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John A. Simpson, M.D. — 1014 Monroe St NE — July 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/50	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

July 10, 1950 — James Seven — Robert A. Mattingly — 131-11th St. S.E. Wash. D.C.

VS. A15

RECEIVED
JUL 12 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07455

CERTIFICATE OF DEATH

Reg. Dist. No. 745

FILM No. G 127 AUG 14 1950

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6606 Cockerille Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ~~Maryland~~ DC — COUNTY: ~~Pr. George~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Takoma Park~~ Washington
STREET ADDRESS (If rural, give location): 2509 Cliffburn Place NW ~~6606 Cockerille Avenue~~

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) CLAGETT (Last) SUMMERS
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 13, 1869
9. AGE last birthday: 81 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Upper Marlboro, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Daniel Sprigg Chesley
14. MOTHER'S MAIDEN NAME: Mary Scott Clagett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Estelle A. Main, 6606 Cockerille Ave. Tak. Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174x Immediate cause (a) metastatic carcinoma — 6 mo

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma uterus — 9 mo

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to July 14, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 6 15 A m., from the causes and on the date stated above.

SIGNATURE: E. E. Quayle (Degree or title) M.D. — ADDRESS: 1822 Biltmore St N.W. Wash. D.C. — DATE SIGNED: 7/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 16, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county): Frederick, Md (State)

DATE REC'D BY LOCAL REG.: July 14, 1950 — REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW Wash DC — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUL 17 1950

07456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 yr. 4 mo., 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1110- 15th St.; South Arlington, Virginia

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AGNES	I.	SYKES	July	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	5/14/15	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lindell, Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Messer
14. MOTHER'S MAIDEN NAME: Dora McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Tuberculosis of Lungs	5 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Tuberculosis of Intestines	1 yr.
(c)	Tuberculosis of Left Hip Joint	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1949, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 7/3/50

23. BURIAL CREMATION REMOVAL (Specify): — DATE THEREOF: 7/5/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln cemetery — LOCATION (City, town, or county) (State): Hyattsville Maryland

DATE REC'D BY LOCAL REG.: 7/7/50 — REGISTRAR'S SIGNATURE: Ruth Weiss — 24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co — ADDRESS: Washington D.C.

VS: A15

RECEIVED
JUL 11 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07457

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 9th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 618 9th St

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) boy (Last) Twin THOMAS

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: July 8 1950 — 9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 9 hrs — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Laurel Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilbur L. Thomas — 14. MOTHER'S MAIDEN NAME: Bessie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Wilbur Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity Twins — 9 hr.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 159 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 19 50 to 7-8, 19 50, that I last saw the deceased alive on 7-9, 19 50, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bruce — (Degree or title) M.D. — ADDRESS Laurel — DATE SIGNED 7-9-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 10 1950 — NAME OF CEMETERY OR CREMATORY Bacon's — LOCATION (City, town, or county) Near Laurel — (State) Md

DATE REC'D BY LOCAL REG. July 10-1950 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR Ridgley Selby — ADDRESS 401 Washington Laurel Md

1-1-7.08-0-25-6-28-3

RECEIVED
JUL 19 1950
BUREAU V. S.

07458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

M C I T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 618 9th St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): 618 9th St

3. NAME OF DECEASED (Type or Print) (First): Baby (Middle): Boys (Last): THOMAS Twin II

4. DATE OF DEATH (Month) (Day) (Year): July 9 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 8 1950
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min. 9½ hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Laurel Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilbur P. Thomas
14. MOTHER'S MAIDEN NAME: Bernice Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wilbur Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity Twins — INTERVAL BETWEEN ONSET AND DEATH: 9½ h.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1950, to 7-8, 1950, that I last saw the deceased alive on 7-8, 1950, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bunge (Degree or title) M.D. — ADDRESS — DATE SIGNED: 7-9-1950

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 7/10/50 — NAME OF CEMETERY OR CREMATORY: Bacons — LOCATION (City, town, or county) (State): Near Laurel Md

DATE REC'D BY LOCAL REG.: July 10-1950 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: Ridgley Selby — ADDRESS: 401 Washare Laurel Md

1-1-7-08-0-25-7-28-2

RECEIVED
JUL 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07459

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 6 mos. 20 mi
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 1002 Shepherd St NE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Wilson	Trasker	July	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		5 July 50	yrs.			2	20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		TN Ges. Md	

13. FATHER'S NAME: John R. Trasker

14. MOTHER'S MAIDEN NAME: Rebecca E Hitchcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
162.5 Immediate cause	(a) Foetal Non-Expansion (at Lung; partial Left Lung).	
Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (1320 Gms)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. Travis Warren, M.D.	2015 R St NW	7/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
Burial	July 7 1950	St. Johns	Frederick	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/50	Amanda Downey	Henry E. Early Co	Frederick Md

2-0-7-05-0-36-4-36-1

1834.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07460

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613- 57th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 613- 57th Ave

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (None) (Last) Turner

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11-10-1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Edna M. Gray - Capt. Hts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of larynx c. metastasis into abdom. organs.

161X Antecedent cause(s)

47a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1947, to 7-9, 1950, that I last saw the deceased alive on 7-9, 1950, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Schwartzman M.D. ADDRESS 20.5 Nicholson St. DATE SIGNED 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-13-50
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Olney, Md

DATE REC'D BY LOCAL REG. July 11-50
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co., ADDRESS Wash. D.C.

RECEIVED
JUL 15 1950
BUREAU V. S.

07461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince Geo. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Agnes WALLER

4. DATE OF DEATH (Month) (Day) (Year) July 15 1950

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Apr. 19 1862

9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY Own at home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Gray

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Phil Regan (Son in Law) Bladensburg md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Bronchopneumonia	7 d.
93 d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Senility Congestive heart failure	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1950, to 7-15, 1950, that I last saw the deceased alive on 7-13, 1950, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE Wm. R. Bunge (Degree or title) M.D. ADDRESS Laurel DATE SIGNED 7-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 19, 1950

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) (State) Bladensburg md

DATE REC'D BY LOCAL REG. 7/18/1950

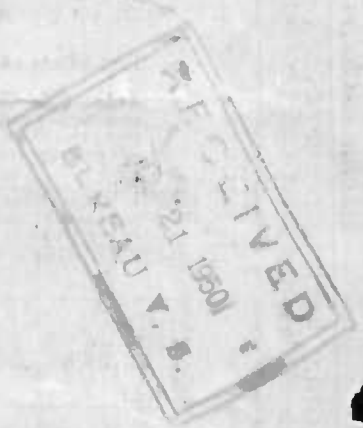
REGISTRAR'S SIGNATURE Amanda Downey M. Brashears

24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



RECEIVED
21 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07462

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hill; STREET ADDRESS (If rural, give location) 515-72nd St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J. (Last) Walling

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 24 1921

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph B Walling

14. MOTHER'S MAIDEN NAME: Katherine Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes; (If year, give war or dates of service): 1942-946

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Carmen O'Connor - 2813 Evarts NE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 x **Immediate cause** (a) Rheumatic Heart Disease with (Pancarditis) — Interval: 2 weeks

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Congestion, Bilateral pleural effusion — 1 week

(c) Cardiomegaly. — 2 weeks

mitral valvulitis + negatative endocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Splenic and bilateral renal infarction — 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1950, to 7/2, 1950, that I last saw the deceased alive on 7-2, 1950, and that death occurred at 8 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brannin MD 614 Central Ave, Capitol Hgts Md 7/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 6. 1950 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetary — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 7/5/50 — REGISTRAR'S SIGNATURE: Amanda Downs — 24. FUNERAL DIRECTOR: Wm J. Nalley Funeral Home — ADDRESS: 3160 3260 - R. I. Ave. Mt. Rainier Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1950
BUREAU V. S.

07463

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 6203 - Shadyside Ave.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) WEISBACKER
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 5. 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal Worker (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY U.S.G. - G.S.A.
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Weisbacker
14. MOTHER'S MAIDEN NAME Annie M. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank L. Weisbacker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 18 months

332x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to July 31, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 1 20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brainin MD
ADDRESS 6124 Central Ave. Capitol Hgts Md
DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 2, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. July 31-50
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR J. William Lees Sons Co.
ADDRESS 300-4th St N.E. 36297 Wash. D.C.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07464

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
LENGTH OF STAY (in this place) 2mos., & 19 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 232 E. St., N. E.

3. NAME OF DECEASED (Type or Print) (First) GEORGIA (Middle) MAE (Last) WILLIAMS
4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/2/1925
9. AGE last birthday 25 yrs. If under 1 year Months 3 Days 29 If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Miss Guffy Argyl-Terrace
11. BIRTHPLACE (State or foreign country) Columbia, S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Williams
14. MOTHER'S MAIDEN NAME Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 577-30-6635
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 7 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1950, to 7/31, 1950, that I last saw the deceased alive on 7/31, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) MD
ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland
DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 1st 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 8/1/50
REGISTRAR'S SIGNATURE Mae Weiss
24. FUNERAL DIRECTOR J. T. Stewart
ADDRESS

52086

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AUG 8 1950
BUREAU V. S